

2004-211-C

221562

AUTHORIZED UTILITY REPRESENTATIVE FORM FOR THE TELECOMMUNICATIONS CARRIERS

TYPE: [X] IXC [X] CLEC [] ILEC [] Wireless

CERTIFICATED COMPANY INFORMATION

Tennessee Telephone Service, LLC

FEIN/SSN: _____

Company Name

dba Freedom Communications USA, LLC

Telephone #: 678-436-5590

Dba/fka

3483 Satellite Blvd., Suite 202

Mailing Address:

Duluth

GA

30096-5800

City, State, Zip Code

220 Creekside Drive

Business Location

Dickson

TN

37055-0000

City, State, Zip Code

County: _____

REGISTERED AGENT INFORMATION

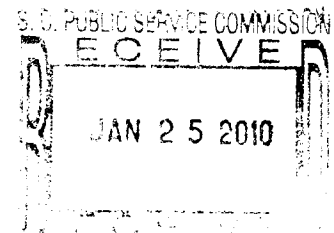
Registered Agent: _____

Mailing Address: _____

City, State, Zip Code _____

Pursuant to the Commission's rules and regulations, print or type company contact for the following areas:

- | | | | |
|-----|--|--------------------|-----------------------------------|
| | Bart | Howard | Business Location Address |
| A. | General Manager (Include Address if Different than above) | | |
| | 615-229-1001 | / 615-446-9207 | / barthoward@freecomusa.com |
| | Telephone Number | / Facsimile Number | / E-mail Address |
| | Jeannie | Hutchison | Business Location Address |
| B. | Customer Relations/Complaints Representative (Include Address if Different than above) | | |
| | 615-229-1001 | / 615-446-9207 | / jeanniehutchison@freecomusa.com |
| | Telephone Number | / Facsimile Number | / E-mail Address |
| | Jeannie | Hutchison | Business Location Address |
| C1. | Customer Relations/Complaints Representative for Escalated Complaints (Include Address if different than above) | | |
| | 615-229-1001 | / 615-446-9207 | / jeanniehutchison@freecomusa.com |
| | Telephone Number | / Facsimile Number | / E-mail Address |



- Carol Proctor
- E. **Test and Repair** (Include Address if Different than above)
- 615-229-1003 / - / carolproctor@freecomusa.com
- Telephone Number / Facsimile Number / E-mail Address
- Carol Proctor
- F. **Emergencies** (During Non-Office Hours)
- 615-229-1003 / - / carolproctor@freecomusa.com
- Telephone Number / Facsimile Number / E-mail Address

In addition, please provide the following company contact information to assist in proper routing of correspondence and invoices:

- Lisa Brown **Mailing Address**
- G. **Regulatory Officer** (Included Address if Different Address if different than above)
- 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
- Telephone Number / Facsimile Number / E-mail Address
- Lisa Brown
- H. **Dual Party Mailings** (Name)
- 3483 Satellite Blvd., Suite 202 Duluth GA 30096-5800
- (Mailing Address)
- 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
- Telephone Number / Facsimile Number / E-mail Address
- Lisa Brown
- I. **Interim LEC Fund Mailing** (Name)
- 3483 Satellite Blvd., Suite 202 Duluth GA 30096-5800
- (Mailing Address)
- 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
- Telephone Number / Facsimile Number / E-mail Address
- Lisa Brown
- J. **Universal Service Fund Mailings** (Name)
- 3483 Satellite Blvd., Suite 202 Duluth GA 30096-5800
- (Mailing Address)
- 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
- Telephone Number / Facsimile Number / E-mail Address
- Lisa Brown
- K. **Gross Receipts Mailings** (Name)
- 3483 Satellite Blvd., Suite 202 Duluth GA 30096-5800
- (Mailing Address)
- 678-436-5590 / 678-802-3483 / lbrown@rtcllc.net
- Telephone Number / Facsimile Number / E-mail Address

Lisa Brown / *Lisa Brown*

This form was completed by **Signature**

Account Manager / 1/11/2010

Title **Date**

RETURN COMPLETED FORM TO:

Public Service Commission of SC
Docketing Department
 Post Office Drawer 11649
 Columbia, South Carolina 29211
 And
 Office of Regulatory Staff
Attn: Jeanne Gordon
 1401 Main Street
 Columbia, South Carolina 29201

